

EXHIBIT 13-A

TREASURE STATE ENDOWMENT PROGRAM EMERGENCY GRANT APPLICATION REVIEW FORM

APPLICANT AND PROJECT INFORMATION:

Date Request is Received:

Applicant:

Address:

Contact Person and Telephone Number:

Nature of Emergency:

Proposed Project:

Estimated Total Cost of Project: \$

Itemize the proposed expenditures:

Amount of TSEP Funds Requested: \$

REVIEW OF REQUEST:

1. Is the applicant eligible to apply for TSEP funding? Yes ☐ No ☐
2. Is the proposed project eligible for funding? Yes ☐ No ☐
3. Is the grant necessary to remedy a condition(s) that if allowed to continue until legislative approval could be obtained would endanger the public health or safety and expose the applicant to substantial financial risk? Yes ☐ No ☐

Details:

4. Can the implementation of reasonable management practices forestall the risks to health or safety until legislative approval can be obtained? Yes ☐ No ☐

Details:

5. Is all of the proposed emergency project critical to the proper operation of a system? Yes ☐ No ☐

Details:

6. Is any proposed funding to be used for preventive maintenance or to provide a backup to an existing system component? Yes ☐ No ☐

Details:

7. Are all of the proposed expenditures essential to resolving the emergency and necessary for completing the proposed emergency project? Yes ☐ No ☐

Details:

8. Will any further actions beyond what has been proposed be necessary to fully resolve the emergency? Yes ☐ No ☐

Details:

9. Has the applicant contributed as much financial and other resources as possible towards completing the proposed emergency project? Yes ☐ No ☐

Details:

10. Is funding available from any other source, including the sponsor?
Yes ☐ No ☐

Details:

SITE VISIT:

Date:

State Agency Person Conducting Site Visit:

Contact Person and Telephone Number:

Brief Summary of Visit:

Conclusions:

ACTIONS TO BE TAKEN:

Request: Approved ☐

Approved but Modified ☐

Denied ☐

Amount Awarded: \$

Reasons for Actions Taken:

Details of Actions Taken by MDOC:

Jim Edgcomb, Manager
Treasure State Endowment Program

Date: _____

Having reviewed the information stated above, I concur with the action to be taken by the Treasure State Endowment Program.

Mark Simonich, Director
Department of Commerce

Date: _____